Command-Directed Evaluations and Dangerousness

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2 May 00

Overview of your role

- Command-Directed Evaluations (CDE)
  - Who does what
  - Two types:
    - Routine: Suspect impairment of service member
    - Emergency: Dangerousness
- Dangerousness
  - A general approach to assessment

DoD Directive 6490.1: "Boxer Law"

- Established rights of military members and civilian employees referred to mental health or admitted against their will
  - Primary intent--protect "whistleblowers" from reprisal
  - Ensure criteria for involuntary hospitalizations similar to rest of the U.S.
  - Ensure appropriate safety precautions taken when member dangerous to self or others

Procedural Protections

- Advance notification of member, if not emergency
- Formal request through MTF commander, if not emergency
- Command consultation with MHP
- Member informed of rights: access to attorney, second opinion, file IG report, unrestricted communication, 2 business days before eval

Command-Directed Evaluations

Although it is Air Force policy to **encourage** members to seek needed help from mental health clinics, supervisors and commanders may **not coerce** members to **voluntarily** seek a mental health evaluation

- AFI 44-109

However, service member's designated **commanding officer** can direct **involuntary** evaluation

- Department of Defense Directive 6490.1, 4.2.1

Voluntary vs. Involuntary

- Voluntary evaluation
  - Member seeks care on their own accord
  - No additional rights or procedures
  - Communication to command is not indicated unless mandated by law or regulation (e.g. AFI 44-109)
- Involuntary evaluation (CDE)
  - Only commander can direct it, e.g. supervisor cannot
  - Follow specific procedure to protect member's rights
  - Communicate results of evaluation to commander

AFI 44-109: General Guidelines for Release of MH Info to Commander

- When commander requests information
  - "Proper and legitimate need to know" and "Authorized by regulation"
- MHP <u>required</u> to contact commander:
  - Danger to self or others
  - Admitted or discharged for mental health reason
  - Deteriorated mental condition significantly affects work or family functioning
  - Suspect family maltreatment, substance abuse or child abuse

Feedback to Commanding Officer

- Diagnosis
- Prognosis
- Treatment plan
- Precautions
- Fitness and suitability for continued service
- Recommendations for administrative management
  - DoDI 6490.4, 6.7; DoDD 6490.1, 4.6

Level of Urgency for Involuntary Evaluations (CDE)

- Routine CDE
  - Impaired ability to perform duty
  - Prior consultation with Mental Health Provider
- Emergency CDE
  - Two Criteria:
    - Concern for likely dangerousness
    - Suspect severe mental disorder
  - Consultation with Mental Health Provider “prior to or shortly thereafter”
    - DoDD 6490.1, 4.2

*Conducting Routine CDE**

- Speak with commander prior to eval
- If appropriate, eval patient
- Ensure procedural guidelines followed
- Explain limits of confidentiality
- Provide feedback to commander

* See CDE flowsheet and notes for brief summary.

Privileged, doctoral-level mental health providers are responsible for routine CDEs.

Conducting Emergency CDE

- Any privileged MHP or physician may conduct dangerousness assessment

- However, final determination for <u>any</u> dangerousness assessment must be made by privileged, doctoral-level MHP

    - AFI 44-109, 4.3; DoDI 6409.4, 6.3.3.4

Emergency CDE: Non-doctoral level MHP

- If reasonably r/o “imminent risk of dangerousness,” arrange for final eval by doctoral-level MHP within 72 hrs
- If cannot reasonably r/o risk, protect patient and arrange for eval within 24 hrs
  - E.g. constant observation, arrange transport, arrange for psychiatric admission

- AFI 44-109, 4.3.2.4; DoDI 6490.4, 6.3.3.3

The Mental Healthcare Provider's Responsibilities

- Determine if procedures for CDE referral followed
- Keep lines of communication open with commander
- Provide standard of care risk assessment and treatment
- Report evidence of inappropriate referral through MHP chain of command to next higher level of referring commander

Commander's Responsibilities

- Consult with Mental Health
- Follow appropriate guidelines for CDE
- Be alert to potentially dangerous members

Commander must be alert….

Whenever a Service member, by *actions or words*, such as actual, attempted or threatened violence, *intends or is likely to cause serious injury to himself or others* **and**

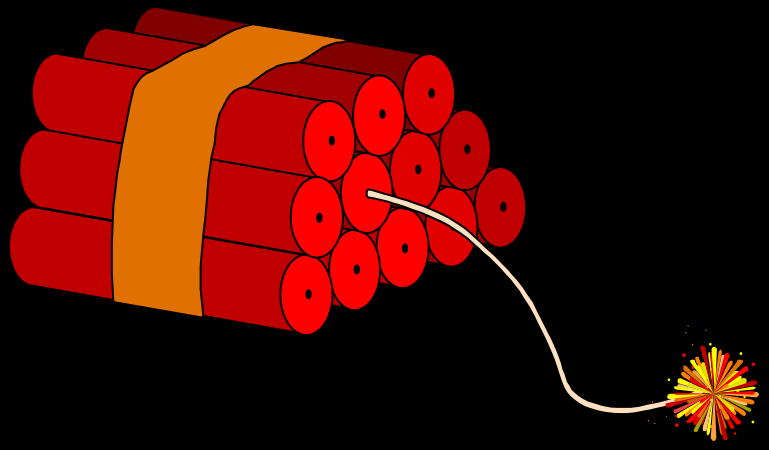
when the *facts and circumstances* indicate that the Service member's intent to cause such injury is *likely* **and**

the commander believes the service member may be suffering from a *severe mental disorder*

- DoDD 6490.1, 4.2.3.1

Dangerousness

- "Dangerous" means the patient poses an unacceptable risk of causing harm
- Components of Dangerousness
  - Magnitude
  - Likelihood
  - Imminence
  - Frequency



Current state of the art

- Evaluate for level of risk rather than to predict violence or suicide

- Can predict short-term risk fairly well, *but* cannot predict long-term risk with certainty
  - Simon RI, Psychiatry and Law for Clinicians, 2d, 1998

How do we do it? AID

- ***A*** ssess for level of risk for suicide or violence
  - Low, Moderate, High
  - Inpatient and out of hospital risk
- ***I*** ntervene appropriately to lower risk
- ***D*** ocument reasoning behind decision
  - Balance of therapeutic benefits with potential risks
  - Evaluation of alternatives

Violence Risk Assessment: History

- Past use of violence

  Single best predictor of future violence is past violence (Klassen and O'Connor, 1988)
- Patterns of violence
- Use of drugs and alcohol
- Weapons
- Criminal history
- Military history
- Sexual aggression history
- Lack of social support network

Violence Risk Assessment: Current

- Lack of empathy, anger, fear
- Consider your subjective feelings
- Helplessness
- Elucidate details of all threats
- If paranoid, “what would you do if confronted by perceived persecutor?”
- Appraisal of “perceived intentionality”
- Fantasies of violence
- “Grudge list”
- Assessment of future victim
- Suicide risk

Intervention: Lowering Risk of Violence

- Static vs dynamic risk factors
- Risk Reduction Plan
- Know duties
  - to protect (DoDD 6490.1, 4.7.2)
  - to notify, e.g. Family Advoca
    Commander (AFI 44-109),
    Child Protective Services

Two Types of Risk Factors

- Static
  - not subject to change by intervention
  - e.g. demographic information, history of violence, childhood abuse, antisocial traits
- Dynamic
  - subject to change by intervention or treatment or control of situation
  - e.g. living setting, access to weapons, psychotic symptoms

Risk Reduction Plan

Risk Factor	**Intervention**	**Status**
H/O violence	--	--
Alcohol abuse	ADAPT	Consult pending
Poor support	Family session	Scheduled
Access to gun	Remove gun	Done by wife

Duty to Protect: Air Force Standard

- If member communicates explicit threat to kill or seriously injure a clearly identified or reasonably identifiable person, or to destroy property under circumstances likely to lead to serious bodily injury or death, and has apparent intent and ability to carry out threat
- You must make good faith effort to take precautions against threatened injury
  - DoDD 6490.1, 4.7

Crisis Intervention

- What has changed?
- Assess the out-of-hospital environment
  - Stressors
  - Support

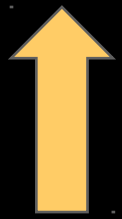
Involuntary Hospitalization

- Decision to admit to psychiatric ward rests solely with MHP with admitting privileges
- Commander must be involved and emergency CDE procedures followed to ensure protection for member
  - Notification to member of reasons and rights
  - Independent review of admission within 72 hours
    - DoDD 6490.1, 4.5; DoDI 6490.4, 6.2; AFI 44-109, 4.9

Documentation

Clear and accurate explanation of treatment

SOUND DOCUMENTATION



Good clinical judgment

Documentation, cont.

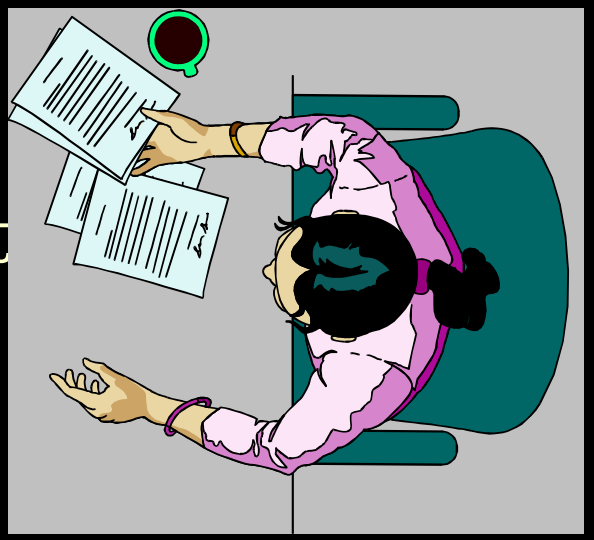
- Basis for treatment decisions
- Treatment events
- Info from family and other collateral sources
- What attempts were made to obtain records
- What alternatives were considered
- Reasons for rejecting alternative plans
- Evidence that re-evaluation for risk occurred
- Consistent pattern of observations

Documentation, cont

- What arrangements were made with family prior to release of potentially suicidal pt
- What info about aftercare arrangements convinced you that early release was appropriate
- Level of supervision required and reasons for changing that level/category
- What arrangements made for seriously depressed pt while psychiatrist away

Documentation, cont.

- NEVER ALTER OR DESTROY MEDICAL RECORDS
  - Make a late entry
  - Include an addendum
  - Initial (and date) correct



Dangerousness in the Military

- *Possible scenarios*:
  - Patient in your office expresses intent to harm another
  - Panicked phone call from service member's unit
  - Service member brought to Emergency Dept by concerned commander
- Do your job--final assessment by doctoral-level MHP
- Evaluation and/or treatment may be voluntary or involuntary--follow procedures